

**ASSUMPTION AND ACKNOWLEDGMENT OF
RISKS AND RELEASE OF LIABILITY AGREEMENT**

In consideration of my participation in the Flapjack Fundraiser to be held at Applebee's Neighborhood Grill and Bar in:

(Applebee's Address) _____ on (Date) _____, 20____,

I knowingly acknowledge and agree:

1. That prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise Applebee's staff members of such condition(s) and refuse to participate.
2. That all activities in a restaurant environment have inherent risks of serious injury, including permanent disability and death and severe social and economic losses which might result not only from my own actions, but also the action, inaction, or negligence of others, or the condition of the premises or of any equipment used. Furthermore, there may be other, unknown risks not reasonably foreseeable at this time.
3. That I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. That I, and my heirs, personal representatives or assigns, will release and hold harmless the affiliated companies of RMH Franchise Corporation and their respective principals, officers, directors, employees, agents and volunteers, from any liability or claim of loss or damage arising from, but not limited to, bodily injury, paralysis, dismemberment, and death, as well as loss or damage to my property, except where such liability or claim of loss or damage is a direct result of the gross negligence and/or willful misconduct of the aforementioned companies listed above, and their principals, officers, directors, employees, and agents.

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AGREE TO THESE TERMS AND MAY BE WAIVING ANY LEGAL RIGHTS THAT I MAY HAVE AGAINST RMH FRANCHISE CORPORATION AND ITS OFFICERS, EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.

Participant's Name (Please Print) _____

Signature of Participant _____

If Not of Legal Age:

Signature of Parent/Guardian is Required _____